

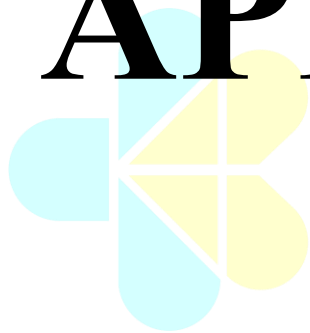
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APPENDIX

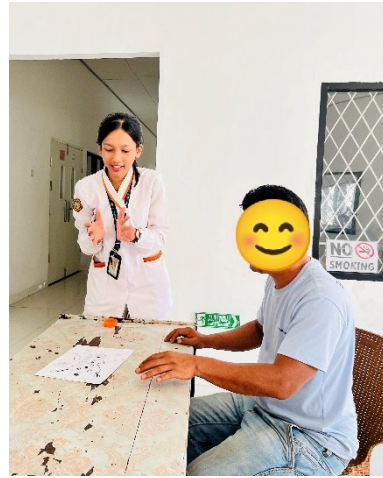


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Appendix 1 Documentation

DOCUMENTATION







Appendix 2 of the Respondent's Application Letter

**APPLICATION LETTER
RESPONDENTS**

Respectfully,

I am the undersigned as a student of the Applied Bachelor of Nursing Study Program of the Ministry of Health of the Ministry of Health of Bengkulu:

Name : Stevy Dhea Immanuel

Nim : P01720322038

I will conduct a study entitled "**The Effect of Music Therapy and Expressive Writing Therapy on Auditory Hallucination Scores in Schizophrenia Patients at Soeprapto Mental Hospital, Bengkulu Province**".

In connection with this purpose, I humbly ask for your participation to become a respondent in this research. The data obtained from this study can be beneficial for the community, health workers, and educational institutions. Information about the data obtained will be guaranteed confidentiality and will only be used for research data. Thus this request, I thank you for your attention and participation.

Sincerely,



Stevy Dhea Immanuel

Appendix 3 Respondent's Letter of Consent

LETTER OF APPROVAL RESPONDENTS

I am the undersigned:

Name :

Age :

Gender :

I am hereby willing to participate as a respondent in a research conducted by Mr. Stevy Dhea Immanuel, an Applied Bachelor of Nursing Student at the Health Polytechnic of the Ministry of Health of Bengkulu, with the title "*The Effect of Music Therapy and Expressive Writing Therapy on Auditory Hallucination Scores in Schizophrenic Patients at Soeprapto Hospital, Bengkulu Province*".

This research will not harm me or have a bad effect on me and my family, so I am willing to be a respondent. Thus, I made this letter of approval to be used as it should.

Bengkulu, 2026

(.....)

Appendix 4 *Informed Consent* and Research Explanation

**INFORMED CONSENT AND
RESEARCH EXPLANATION**

Dear Sir.

Prospective respondents

Respectfully,

I am the undersigned:

Name : Stevy Dhea Immanuel
Study Program : STr Nursing and Nurse Profession
NIM : P01720322038
No. Hp : 085268534329

I am a student of the Bengkulu Ministry of Health Polytechnic who is carrying out research entitled "*The Effect of Music Therapy and Expressive Writing Therapy on Auditory Hallucination Scores in Schizophrenia Patients at Soeprapto Hospital, Bengkulu Province*". The purpose of this study is to increase knowledge in the treatment of hallucinations in schizophrenic patients.

In this study, respondents will be given observation sheets to assess hallucination scores. This study does not cause harm or side effects. Instead, the study will reduce the hallucination score for respondents. If you become a respondent and incriminating things occur, then you are allowed to report to the researcher or can immediately withdraw from this study by contacting the researcher at the phone number listed above.

The confidentiality of all information provided will be maintained and will only be used for research purposes. All results of records or respondent data will be stored at the Bengkulu Ministry of Health Polytechnic. After reading the information and understanding the objectives of the research and the expected role in this study, please be willing to sign the consent sheet as a respondent of this study.

Bengkulu, 2026

(Stevy Dhea Immanuel)

Appendix 5 Research Observation Sheets

RESEARCH OBSERVATION SHEET

A. Demographic Data

Name :

Age :

Marital status : ☐ Married ☐ Unmarried

Length of time to treat : Day

Frequency of treatment : Kali

B. Auditory Hallucinations Rating Scale (AHRs) Instrument

Yes	Questions	Score				
		0	1	2	3	4
Frequency						
1	How often do you experience sound? For example, every day or all day 0: if the voice is absent or less than a week 1: if the sound is heard once a week 2: if the sound is heard once a day 3: If the sound is heard once 1 hour 4: If the sound is heard continuously or only stops for a few minutes					
Duration						
2	When you hear the voice, how long does it take for the voice to appear? For example in seconds, minutes, hours or all day 0: Absent Voice 1: Sound repeats for a few seconds, fleeting sound 2: The sound lasts a few minutes					

	3: The sound lasts for 1 hour 4: The sound lasts for hours at a time					
Location						
3	Where does the sound come from? Inside the head or outside? 0: Absent Voice 1: if the sound comes from the head only 2: if the sound comes from outside the head, but is close to the ears or head 3: if the sound comes from inside or close to the ear and outside the head away from the ear 4: if the sound is far from the head					
Sound Power						
4	How loud do those voices sound? Is the voice louder than your own or just as loud, or like a whisper? 0: Absent Voice 1: quieter than your own voice like a whisper 2: as loud as one's own voice 3: Louder than your own voice 4: Very loud from one's own voice					
Original Belief of the Voice						
5	What do you think when you hear that voice? Is the sound caused by factors related to oneself or solely due to other factors? 0: Absent voice 1: Believing that the voice is purely internally generated (from within) and related to the self 2: less than 50% believe that the sound is from an external (external) cause.					

	3: More than 50% (but less than 100%) believe that the sound is from an external cause 4: Believing the voice is solely due to external causes (100% belief)					
Number of Negative Votes						
6	Does your voice say unpleasant or negative things? Can you give me some examples of what the voice says? (ordering to kill, injure others or say bad things about yourself) How many negative voices do you hear? 0: No pleasing voice content 1: the voice sounds pleasant every now and then 2: A minority of unpleasant or negative voices (less than 50%) 3: The majority of the content is unpleasant or negative (more than 50%) 4: All voice content is unpleasant or negative					
Negative Voice Intensity						
7	What is the content of hallucinations that are not pleasing to you hear? 0: Unpleasant or negative. 1: Not related to oneself or family e.g. swearing with harsh words or insults is not directed at oneself, e.g. "People are evil". 2: Verbal abuse directed at you, commenting on your behavior such as: "Should have done that, or saying that..."					

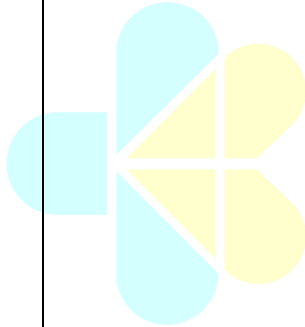
	3: Verbal abuse directed at you but related to self-concept e.g. "You are lazy, ugly, crazy, perverted, useless, etc.." 4: Threats directed at you such as threatening yourself to harm yourself or your family, orders to harm yourself or others and personal verbal abuse no (3).					
Number of Voices That Are Suppressing/Troublesome						
8	How do you feel when you hear hallucinations? 0: Does not cause distress 1: One-third of the sounds cause distress 2: The voice between sad and unsad 3: Half of the sounds heard cause distress 4: All the sounds heard cause distress					
Suppressing/Distressing Sound Intensity						
9	How does hallucinations affect you? 0: Does not cause distress 1: Small distress 2: Moderate distress 3: Very annoying but not bad 4: Very annoying and the patient feels the worst					
Noise Disturbance						
10	Do these hallucinations interfere with your daily activities? 0: None 1: Sounds have minimal impact on the patient's life such as interfering with concentration but the patient is still able to					

	carry out daily activities, socialize with others and family independently. 2: Noises that cause moderate effects on daily activities, social relationships with others and family, need to be directed to self-care. 3: Sounds cause severe consequences on daily activities, social relationships with others and family need to be guided in self-care practices. 4: The voices cause complex consequences. Patients are unable to carry out daily activities, social relationships with others, need help to take care of themselves.					
Control of Sound						
11	How are you able to control hallucinations? 0: The patient believes he can have control of his or her auditory hallucinations. 1: The patient believes that almost any time he can control his auditory hallucinations. 2: The patient believes that sometimes he can control his auditory hallucinations 3: The patient believes that he can control his hallucinations, but most of the time he cannot control those auditory hallucinations. 4: The patient does not control his auditory hallucinations and cannot resist the auditory hallucinations.					

Appendix 6 SOP *Music therapy* and EWT

STANDARD OPERATING PROCEDURES
MUSIC THERAPY AND EWT

	STANDARD OPERATING PROCEDURES <i>MUSIC THERAPY AND EWT</i>
Definition	Nonpharmacological interventions given to patients with auditory hallucinations were in the form of listening to classical music followed by expressive writing activities.
Purpose	1. Distracting the patient from hallucinations 2. Providing relaxation through music 3. Help patients express feelings and thoughts 4. Improves hallucination control ability
Client Preparation	1. The client is notified of the action to be taken 2. The client is in a state of readiness in the implementation of therapy
Environmental Preparation	1. A place that supports client privacy 2. Minimizing distractions
Tool Preparation	1. HP/MP3 + headset 2. Classical instrumental music 3. Paper 4. Pen
Implementation Procedure	Onboarding Stage: 1. Giving greetings 2. Introducing yourself to patients 3. Remind today's time contract 4. Explain the purpose of the action to be taken Work Level: 1. Helps the patient to adjust the position in a relaxed state, especially in a comfortable sitting position. 2. Attaching the <i>headset</i> to the patient 3. Turn on the music player at the appropriate volume (not too loud but clear sound). 4. Ask the patient to focus attention on the classical music of Mozart being played.

- 
5. Let the patient listen to Mozart's music (80 Hz waves) for a duration of 10 minutes until it is finished.
 6. Observe client responses during sessions.

Termination Stage:

1. Ask the client how they feel after listening to Mozart's classical music for 10 minutes.
2. Provide positive reinforcement for the client's ability to focus during therapy.

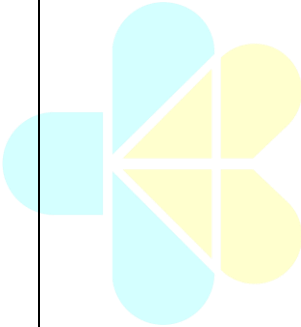
Continued with EWT

Day One: Free Writing

1. The nurse greeted the patient and explained that today there are no standard rules in writing.
2. Ask the patient to write down what is on their mind at the moment (e.g., the weather, how you feel this morning, or things around you).
3. The patient writes for 10 minutes without worrying about spelling or punctuation.
4. Ask the client how they feel after issuing their complaints through writing.
5. Give credit for the client's success in completing his first write-up.

Day Two: Writing Personal Experiences

1. Remind the patient of the previous session and set up a more empathetic atmosphere.
2. Have the patient divide the paper into two columns or write in sequence about:
 - One of the saddest/hardest experiences of his life.
 - One of the most enjoyable/happy experiences.

- 
3. Give it 10 minutes. Focus on the emotional outburst felt when the event happened.
 4. Validate the sad feelings that arise and give reinforcement to the positive experience.

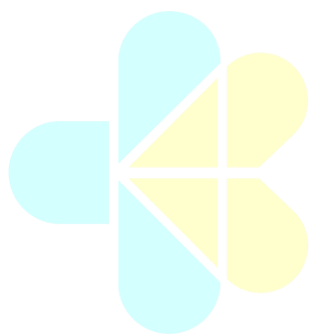
Day Three: Writing Future Hopes and Goals

1. Invite patients to focus on the things they want to achieve after they are discharged from the hospital.
2. Ask the patient to write:
 - What are the dreams you still want to achieve?
 - What is a simple wish for tomorrow?
 - Who is the person you want to meet in the future?
3. Ask the patient to write down personal expectations and plans for the future.
4. Encourage patients to pour new knowledge (copying) that has been gained during the intervention into writing as a form of internalization.
5. Provide support for the patient's positive plan.
6. Give appreciation for the positive expectations that have been written.

Day Four: Termination

1. Explain that this is the last session of the writing program.
2. Ask the patient to write down a self-reflection:
 - How does the patient feel now compared to before starting therapy?
 - What are the benefits of writing?
 - Write a message for yourself to stay strong in the face of "voices" (hallucinations).

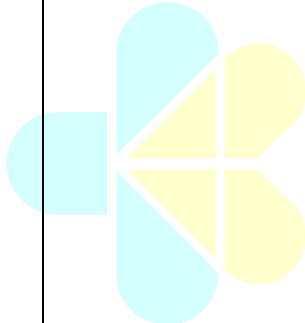
- | |
|--|
| <ol style="list-style-type: none">3. Re-measurement of auditory hallucination scores using the AHRS questionnaire instrument.4. Document the client's progress thoroughly. <p>End the meeting by giving a final compliment to the client.</p> |
|--|



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Appendix 7 SOP for Generalist and Drawing Therapy

**STANDARD OPERATING PROCEDURES
GENERALIST THERAPY AND DRAWING**

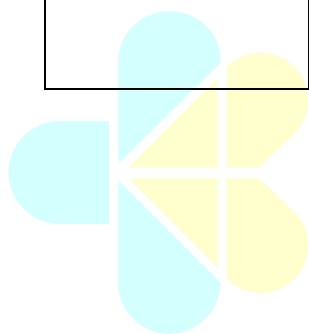
	STANDARD OPERATING PROCEDURES GENERALIST THERAPY AND DRAWING
Definition	Nonpharmacological interventions were given to patients with auditory hallucinations through implementation strategies 1-4, and continued with drawing activities as part of SP 4.
Purpose	 1. Helps patients recognize hallucinations 2. Train the patient to control hallucinations (reprimands) 3. Improves medication adherence 4. Practice social interaction (talking) 5. Distract through drawing activities 6. Improves hallucination control ability
SP 1	Help Clients Get to know hallucinations, explaining ways to control hallucinations, teaching clients to control hallucinations in the first way, namely reprimanding
	Pre-Interaction Stage Prepare tools including: ☐ Paper/notebook ☐ Pen Onboarding Stage 1) Greet clients, say hello 2) Build trusting relationships with clients 3) Ask about clients' concerns and complaints

	4) Contract time for 10 minutes Stages of Work 1) Ask about hallucinations in clients 2) Ask when the hallucinations appear 3) Ask what the client's temporary coping is 4) Suggest solutions 5) Persuade the client to do one of the suggestions that have been given 6) Start teaching the client how to control hallucinations by reprimanding; ask the client to repeat the way he has been taught Termination Stage 1) Evaluate the client's reprimanding actions 2) Give praise to the client for taking action Scolding 3) Contract Time for Meetings Practice controlling hallucinations by taking medication regularly Documentation Stage Record all the results of the actions that have been taken
SP 2	Practice controlling hallucinations by taking medication regularly
	Pre-Interaction Stage 1) Prepare paper and pen 1) Greet clients and introductions 2) Build trusting relationships with clients 3) Ask about news and complaints 4) Contract time 10 minutes ahead Stages of Work 1) Ask about taking medication routinely "father, is there a difference

	after taking the medication regularly. Are the voices reduced/gone? Taking medication is very important so that the sounds that you have heard and disturbed so far do not appear again. How many kinds of drugs do you take? If the voices are already Lost The remedy should not be stop drinking, sir" 2) Give praise to the client for successfully performing the action to control hallucinations using the second method Termination Stage 1) Ask for client complaints 2) Contract Time for Meetings Next, practice controlling hallucinations by means of conversation. Documentation Stage 1) Record all the results of the action in the nursing record
SP 3	Train patients to control hallucinations with a third way of conversation
	Pre-Interaction Stage 1) Prepare paper/books and pens for the Orientation Stage 2) Greet clients, greet and introduce 3) Ask about the client's news and complaints 4) Contract time 10 minutes sealing Stages of Work 1) Evaluate whether the client can do the 2 ways that have been taught before. 2) Without further i.e. teaching the 3rd "third way" way

	To control other hallucinations is to have a conversation with other people, just find a friend to talk to, for example this is (please let me start hearing voices Let's talk to me)" you can do it that way, well you can try it. 3) Give praise to the client for taking action to control the 3rd stage of hallucinations. Termination Stage 1) Ask for client complaints 2) Create a contract for the next meeting Documentation Stage 1) Record all the results of actions performed on the client
SP 4	Train patients to perform scheduled activities
	Pre-Interaction Stage 1) Prepare paper/books and pens for the Orientation Stage 2) Greet clients, greet and introduce 3) Ask about news and complaints 4) Contract time 10 minutes ahead Stages of Work 1) Evaluate the client whether he has taken the right action Previously Taught 2) Ask what activities the client usually does on a daily basis, "what do you usually do? Early in the morning what are the activities, then the next hour what do you do. Wow, there are so many activities. Let's do one of today's activities, which is drawing." Give the client paper and drawing tools. "Now you can draw anything you like, freely."

	Direct the client to focus on the drawing activity, Pouring ideas/feelings into the image, not paying attention to the hallucinating sound. Ask the client to describe the image that has already been created. 3) Give praise to the client if he has done a scheduled activity. "It's great that you can draw and participate in today's activities. How do you feel after drawing? Does this drawing activity help reduce the sounds you hear? You can do this activity to control hallucinations." Termination Stage 1) Ask for client complaints Documentation Stage 1) Record all the actions the client has taken.
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Chapter 8 of the Ethics of Ethics



Kementerian Kesehatan
Poltekkes Bengkulu

Jalan Indragiri No. 3 Padang Harapan
Bengkulu 38225
(0736) 341212
<https://poltekkesbengkulu.ac.id>

KETERANGAN LAYAK ETIK
DESCRIPTION OF ETHICAL EXEMPTION
"ETHICAL EXEMPTION"

No.KEPK.BKL/429/05/2026

Protokol penelitian versi 1 yang diusulkan oleh :
The research protocol proposed by

Peneliti utama : Stevy Dhea Immanuel
Principal In Investigator

Nama Institusi : Poltekkes Kemenkes Bengkulu
Name of the Institution

Dengan judul:
Title

"Pengaruh Music Therapy dan Expressive Writing Therapy terhadap Skor Halusinasi Pendengaran pada Pasien Skizofrenia di RSKJ Soeprapto Bengkulu"

"The Effect of Music Therapy and Expressive Writing Therapy on Auditory Hallucination Scores in Patients with Schizophrenia at RSKJ Soeprapto Bengkulu"

Dinyatakan layak etik sesuai 7 (tujuh) Standar WHO 2011, yaitu 1) Nilai Sosial, 2) Nilai Ilmiah, 3) Pemerataan Beban dan Manfaat, 4) Risiko, 5) Bujukan/Eksploitasi, 6) Kerahasiaan dan Privacy, dan 7) Persetujuan Setelah Penjelasan, yang merujuk pada Pedoman CIOMS 2016. Hal ini seperti yang ditunjukkan oleh terpenuhinya indikator setiap standar.

Declared to be ethically appropriate in accordance to 7 (seven) WHO 2011 Standards, 1) Social Values, 2) Scientific Values, 3) Equitable Assessment and Benefits, 4) Risks, 5) Persuasion/Exploitation, 6) Confidentiality and Privacy, and 7) Informed Consent, referring to the 2016 CIOMS Guidelines. This is as indicated by the fulfillment of the indicators of each standard.

Pernyataan Laik Etik ini berlaku selama kurun waktu tanggal 12 Mei 2026 sampai dengan tanggal 12 Mei 2027.

This declaration of ethics applies during the period May 12, 2026 until May 12, 2027.



May 12, 2026
Chairperson,

apt. Zamharira Muslim, M.Farm

Appendix 9 DPMPTSP Letter



PEMERINTAH PROVINSI BENGKULU DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU SATU PINTU

Jalan Batang Hari No.108, Kelurahan Tanah Patah, Kecamatan Ratu Agung, Kota Bengkulu

Website: <https://dpmptsp.bengkuluprov.go.id> | Email: dpmptsp@bengkuluprov.go.id

BENGKULU 38224

REKOMENDASI

Nomor : 503/82.650/661/DPMPTSP-P.4/2026

TENTANG PENELITIAN

- Dasar :
1. Peraturan Gubernur Bengkulu Nomor 13 Tahun 2022 Tentang Pendelegasian Wewenang Penyelenggaraan Pelayanan Perizinan Berusaha Berbasis Resiko dan Non perizinan Kepada Kepala Dinas Penanaman Modal dan Pelayanan Terpadu Satu Pintu.
 2. Surat Wakil Direktur I Bidang Akademik Poltekkes Kemenkes Bengkulu
Nomor : PP.01.01/F.XXIII.1/4367/2026, Tanggal 13 Mei 2026 Perihal Rekomendasi Penelitian.
Permohonan diterima tanggal 22 Mei 2026.

Nama / NPM	: STEVY DHEA IMMANUEL/P01720322038
Pekerjaan	: Mahasiswa
Maksud	: Melakukan Penelitian
Judul Proposal Penelitian	: Pengaruh <i>Music Therapy</i> dan <i>Expressive Writing Therapy</i> terhadap Skor Halusinasi Pendengaran pada Pasien Skizofrenia di RSKJ Soeprapto Provinsi Bengkulu
Daerah Penelitian	: Rumah Sakit Khusus Jiwa Soeprapto Bengkulu
Waktu Penelitian/Kegiatan	: 22 Mei 2026 s.d 22 Juni 2026
Penanggung Jawab	: Wakil Direktur I Bidang Akademik Poltekkes Kemenkes Bengkulu

Dengan ini merekomendasikan penelitian yang akan diadakan dengan ketentuan :

- a. Sebelum melakukan penelitian harus melapor kepada Gubernur/Bupati/Walikota Cq.Kepala Badan Kesatuan Bangsa dan Politik atau sebutan lain setempat.
- b. Harus mentaati semua ketentuan Perundang-undangan yang berlaku.
- c. Selesai melakukan penelitian agar melaporkan/menyampaikan hasil penelitian kepada Kepala Badan Kesatuan Bangsa dan Politik Provinsi Bengkulu.
- d. Apabila masa berlaku Rekomendasi ini sudah berakhir, sedangkan pelaksanaan penelitian belum selesai, perpanjangan Rekomendasi Penelitian harus diajukan kembali kepada instansi pemohon.
- e. Rekomendasi ini akan dicabut kembali dan dinyatakan tidak berlaku, apabila ternyata pemegang surat rekomendasi ini tidak mentaati/mengindahkan ketentuan-ketentuan seperti tersebut di atas.

Demikian Rekomendasi ini dikeluarkan untuk dapat dipergunakan sebagaimana mestinya



Ditetapkan di : Bengkulu
Pada tanggal : 22 Mei 2026

KEPALA DINAS PENANAMAN MODAL DAN
PELAYANAN TERPADU SATU PINTU
PROVINSI BENGKULU



KHIRDES LAPENDO PASJU, S.STP., M.Si

Pembina Muda (IV/c)

NIP. 198112282000121001

Tembusan disampaikan kepada Yth :

1. Kepala Badan Kesatuan Bangsa dan Politik Provinsi Bengkulu
2. Direktur Poltekkes Kemenkes Bengkulu
3. Wakil Direktur I Bidang Akademik Poltekkes Kemenkes Bengkulu
4. Yang Bersangkutan

Appendix 10 Research Permit for the Ministry of Health of the Ministry of Health of Bengkulu

	Kementerian Kesehatan Direktorat Jenderal Sumber Daya Manusia Kesehatan Politeknik Kesehatan Bengkulu Jalan Indragiri No.3 Padang Harapan Bengkulu 38225 ☎ (0736) 341212 🌐 https://www.poltekkesbengkulu.ac.id	13 Mei 2026
Nomor :	: PP. 01.01/F.XXIII.1/4566/2026	
Perihal :	: Izin Penelitian	
Yth, Direktur RSKJ Soeprpto Provinsi Bengkulu di Tempat		
Sehubungan penyusunan tugas akhir mahasiswa dalam bentuk Skripsi Program Studi Keperawatan Program Sarjana Terapan Jurusan Keperawatan Politeknik Kesehatan Kemenkes Bengkulu Tahun Akademik 2025/2026 , dengan ini kami mohon Bapak/Ibu dapat memberikan izin pengambilan data untuk penelitian kepada:		
Nama :	: Stevy Dhea Immanuel	
NIM :	: P01720322038	
Tempat Penelitian :	: RSKJ Soeprpto Provinsi Bengkulu	
Waktu Penelitian :	: 18 Mei 2026 - 18 Juni 2026	
Judul :	: Pengaruh Music Therapy dan Expressive Writing Therapy terhadap Skor Halusinasi Pendengaran pada Pasien Skizofrenia di RSKJ Soeprpto Provinsi Bengkulu	
No Handphone :	: 085268534329	
Demikianlah, atas perhatian dan kesediaan Bapak/Ibu diucapkan terimakasih.		
a.n. Direktur Poltekkes Kemenkes Bengkulu		
		
Septiyanti, S.Kep, Ners, M.Pd		
		

Appendix 11 Research Permit for RSKJ Soeprapto, Bengkulu Province



PEMERINTAH PROVINSI BENGKULU
DINAS KESEHATAN
UPTD KHUSUS RUMAH SAKIT KHUSUS JIWA SOEPRAPTO
Jl. Bhakti Husada Lingkar Barat Bengkulu 38225 Telp.Kantor/Fax (0736) 22988 Telp.IGD (0736) 343339
Website : rskj.bengkuluprov.go.id; e-mail : rskj.soeprapto@bengkuluprov.go.id

MEMO DINAS

Kepada : 1. Kasi Rawat Inap dan Rehabilitasi
2. Kasi Penunjang Medik dan Non Medik
3. Ka. Instalasi Rekam Medis
4. Ka. Ruangan Rawat Inap
Dari : Kepala Seksi Diklat dan Akreditasi
Tanggal : 29 Mei 2026
Perihal : Izin Penelitian

Sehubungan dengan surat dari Direktur poltekkes Kemenkes Bengkulu, Nomor : PP.01.01/F.XXIII.1/4368/2026 Tanggal 13 Mei 2026, Perihal: Permohonan Izin penelitian. Bersama ini mohon Saudara dapat memberikan data yang diperlukan sebagai bahan Dalam Penyusunan Karya Tulis Ilmiah (KTI) kepada:

Nama : Stevy Dhea Immanuel
NIM : P01720322038
Prodi : DIV Keperawatan
Judul : Pengaruh Music Therapy dan Expressive Writing Therapy Terhadap Skor Halusinasi Pendengaran Pada Pasien Skizofrenia di RSKJ Soeprapto Provinsi Bengkulu.

Demikian atas perhatian dan proses lebih lanjut diucapkan terima kasih.

Kasi Diklat dan Akreditasi
RS Khusus Jiwa Soeprapto Provinsi Bengkulu


FORI YUMITA S. SKM., M.Kes
NIP. 19810331 200502 2 003

Appendix 12 Certificate of Research Completion



PEMERINTAH PROVINSI BENGKULU
DINAS KESEHATAN
UPTD KHUSUS RUMAH SAKIT KHUSUS JIWA SOEPRAPTO
Jl. Bhakti Husada Lingkar Barat Bengkulu 38225 Telp. Kantor/Fax. (0736) 22988 Telp. IGD (0736) 343339
Website : rskj.bengkuluprov.go.id e-mail : rskj.soeprapto@bengkuluprov.go.id

SURAT KETERANGAN

Nomor : 4423/445/1.3/RSKJ/VI/2026

Yang bertanda tangan di bawah ini :

Nama : Fori Yumita Sumartin, SKM., M.Kes
NIP : 19810331 200502 2 003
Pangkat/ Gol : Pembina / IV.A
Jabatan : Kasi Diklat dan Akreditasi UPTD Khusus RSKJ Soeprapto
Provinsi Bengkulu

Menerangkan bahwa :

Nama : Stevy Dhea Immanuel
NIM : P01720322038
Prodi : DIV Keperawatan
Judul : Pengaruh Music Therapy dan Expressive Writing Therapy
Terhadap Skor Halusinasi Pendengaran Pada Pasien
Skizofrenia di RSKJ Soeprapto Provinsi Bengkulu.

Telah selesai melaksanakan Penelitian di Rumah Sakit Khusus Jiwa Soeprapto Provinsi Bengkulu
Pada tanggal 04 s.d 15 Juni 2026.

Demikianlah surat keterangan ini dibuat dengan sesungguhnya dan sebenar-benarnya untuk dapat
dipergunakan sebagaimana perlunya.

BENGKULU, 26 JUNI 2026

KASI DIKLAT DAN AKREDITASI
UPTD KHUSUS RUMAH SAKIT KHUSUS JIWA SOEPRAPTO
PROVINSI BENGKULU



FORI YUMITA SUMARTIN, SKM., M.Kes
NIP. 19810331 200502 2 003

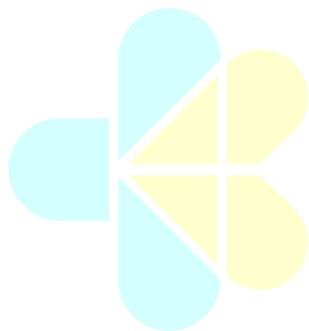
Appendix 13 Proposal Guidance Sheets

LEMBAR BIMBINGAN PROPOSAL

PEMBIMBING I : Sariman Pardosi, S.Kp., M.Si (Psi)
MAHASISWA : Stevy Dhea Immanuel
NIM : P01720322038
JUDUL SKRIPSI : Pengaruh *Music Therapy* dan *Expressive Writing Therapy* terhadap Skor Halusinasi Pendengaran pada Pasien Skizofrenia di RSKJ Soeprapto Provinsi Bengkulu

NO	TANGGAL	TOPIK	SARAN	PARAF PEMBIMBING
1	31 Juli 2025	Konsul judul	Mencari masalah terkait penelitian yang diminati, alasan mengenai pengambilan judul	M
2	11 Agustus 2025	Konsul judul	Perbanyak referensi terkait judul yang diminati, melakukan survey lapangan, mencari data pasien penelitian	M
3	23 September 2025	Konsul Bab 1 & Bab 3	Pengarahan tentang referensi jurnal, pertimbangan utk mengganti judul/terapi yang tidak memakan waktu terlalu lama	M
4	29 Oktober 2025	Konsul judul baru	Cari jurnal yg jelas terkait terapi yg akan dilakukan, cari terapi yg terbaru	M
5	17 November 2025	Konsul Bab 1	Perbaiki latar belakang, rumusan masalah, tambahkan kelompok kontrol, cari terapi kontrol yang sudah sering dilakukan	M
6	16 Desember 2025	Konsul Bab 1-4	Perbaiki latar belakang, research gap, populasi	M
7	19 Desember 2025	Konsul proposal skripsi	Memeriksa hasil revisi, acc proposal	M

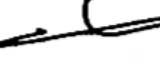
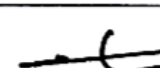
8	16 Maret 2026	Konsul perbaikan proposal skripsi	Perbaikan penulisan, tambahan kriteria inklusi, perbaikan SOP,	81
9	07 April 2026	Konsul perbaikan proposal skripsi	Melengkapi lampiran proposal	81
10	09 April 2026	Konsul perbaikan proposal skripsi	Acc proposal dan lanjut penelitian	81
11	22 Juni 2026	Konsul skripsi Bab V, VI, VII	Konsultasi hasil penelitian, penyusunan hasil penelitian sesuaikan dengan tujuan khusus	81
12	24 Juni 2026	Konsul skripsi Bab V, VI, VII	Perbaikan pembahasan, perbaikan interpretasi data, kesimpulan dan saran.	81
13	26 Juni 2026	Konsul perbaikan skripsi	Acc skripsi, lanjut seminar hasil	81



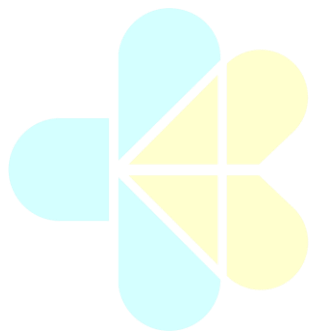
Kemenkes
Poltekkes Bengkulu

LEMBAR BIMBINGAN PROPOSAL

PEMBIMBING II : Ns. Nehru Nugroho, M. Kep
MAHASISWA : Stevy Dhea Immanuel
NIM : P01720322038
JUDUL SKRIPSI : Pengaruh *Music Therapy* dan *Expressive Writing Therapy* terhadap Tingkat Halusinasi Pendengaran pada Pasien Skizofrenia di RSKJ Soeprapto Provinsi Bengkulu

NO	TANGGAL	TOPIK	SARAN	PARAF PEMBIMBING
1	31 Juli 2025	Konsul judul	Mencari masalah terkait penelitian yang diminati, alasan mengenai pengambilan judul	
2	01 Agustus 2025	Konsul judul	Cari judul terkait balance exercise, cari jurnal pendukungnya	
3	29 Oktober 2025	Konsul judul baru	Cari terapi yg terbaru terkait terapi menulis, cari jurnal yg jelas terkait terapi yg akan dilakukan	
4	14 November 2025	Konsul judul	Acc judul, perbanyak referensi terkait judul yang diminati, melakukan survey apangan, mencari data pasien penelitian	
5	27 November 2025	Konsul Bab 1-4	Revisi design penelitian, tambahkan kelompok kontrol	
6	19 Desember 2025	Konsul proposal skripsi	Memeriksa hasil revisi, acc proposal	
7	17 Maret 2026	Konsul proposal skripsi	Perbaiki sesuai masukan penguji, melengkapi daftar lampiran	
8	09 April 2026	Konsultasi proposal skripsi	Acc proposal, lanjut penelitian	
9	17 Juni 2026	Konsul skripsi Bab V	Konsultasi hasil penelitian, penyusunan hasil	

			penelitian disesuaikan dengan tujuan khusus	
10	19 Juni 2026	Konsul skripsi Bab V, VI	Penulisan interpretasi data pada bab 5 dibuat lebih jelas, tambahkan sumber penelitian terdahulu pada pembahasan	
11	24 Juni 2026	Konsul Bab VII	Kesimpulan disesuaikan dan tujuan khusus, saran disesuaikan dengan manfaat dan keterbatasan	
12	26 Juni 2026	Konsul perbaikan skripsi	Acc, lanjut daftar seminar hasil	



Kemenkes
Poltekkes Bengkulu